ABSTRACTS FROM CURRENT LITERATURE

Medicine

Obesity, Gastineau, C. F. and Rynearson, E. H.: *Ann. Int. Med.*, **27:** 883, 1947.

Obesity, it is pointed out, is one of the most pressing and dangerous health problems existing today. Much can be accomplished to improve the health of the general population by a vigorous effort to encourage the obese to reduce. The development of obesity seems most frequently to depend upon a derangement of appetite control mechanism. Circumstantial evidence suggests that this mechanism may reside within the hypothalamus and that its functions may be considerably modified by the cerebral cortex. Obesity may result from the inheritance of an appetite control centre which demands more food for satisfaction. On the other hand, the important factor of environment cannot be ignored. Cerebral cortical function in the form of neuroses may modify the more automatic appetite control mechanism.

A few unusual forms of obesity are recognized. The postencephalitic forms result from injury to the hypothalamus. The Lawrence-Moon-Biedl and the Morgagni-Stewart-Morel syndromes are rare conditions depending upon heredity. Many other causes of obesity have been suggested but no good evidence exists for other than these already mentioned. No abnormal metabolism has been demonstrated in obesity.

Therapy depends upon the limitations of caloric intake. Endocrine products and diuretics are neither necessary nor desirable parts of the reduction program. Physicians are not unanimous in approving the use of thyroid extracts or stimulating drugs such as amphetamine. Most physicians do agree that the patient's attitude should not be diverted from the diet as the fundamental basis for treatment.

S. R. TOWNSEND

Postarsenical Encephalopathy in the Treatment of Syphilis in Women. Kasdon, S. C. and Shapiro, M. W.: *New England J. Med.*, **238:** 282, 1948.

At least 60% of adults under arsenical antisyphilitic therapy who develop postarsenical encephalography are pregnant women. It has been stated that "a pregnant woman is more susceptible to the deleterious as well as the beneficial effects of modern arsenical therapy". Among explanations of this which have been offered, is the demonstration that there is a relatively great storage of arsenic in the placenta, whence it is gradually set free in the blood, producing an increased circulating amount. Typical lesions have been observed in cases in which no arsenic has been administered, but the overwhelming number have followed the use of pentavalent arsenic, and an unusually high frequency has been noted following sulpharsphenamine. It is nevertheless to be noted that the two fatal cases described by the authors had received only trivalent arsenic—neoarsphenamine and mapharsen. Preliminary treatment with heavy metals has no effect in preventing encephalopathy in pregnancy. In the cases described, the first received 6 weeks' preparation with bismuth and in the second, a late and non-pregnant patient, mapharsen in moderate dosage was alternated with bismuth. The authors discourage the popular idea that pregnant women are especially tolerant of arsenical therapy, advocate minimal dosage of arsenicals and consider that penicillin is unquestionably the drug of choice. Although BAL was not employed by them the authors conclude from the literature that it promises to be of the greatest value in such complications of arsenical therapy, and advise a high-protein, high-carbohydrate and low-fat diet as well.

D. E. H. CLEVELAND

Sarcoidosis. I. Results of Treatment with Varying Amounts of Calciferol and Dihydrotachysterol. Curtis, A. C., Taylor, H. and Grekin, R. H.: *J. Invest. Dermatol.*, **9:** 131, 1947.

Epithelioid cells are common to the lesions of both lupus vulgaris and sarcoidosis, and in the latter are often the only abnormal cells found. Investigations appear to have shown a relationship between these cells and phospholipids, and that the characteristic tissue reactions of tuberculosis are foreign-body reactions to phospholipids. From this it is suggested that the effects obtained in lupus vulgaris with calciferol might be due to the effect of the vitamin D_2 on phosphorus of the phospholipid producing epithelioid cells rather than on increased calcium absorption or excretion. It follows on this assumption that calciferol should also be beneficial in sarcoidosis. Dihydrotachysterol causes less calcium absorption and more calcium excretion than does calciferol, therefore it was considered that it should be equally effective if not more so than calciferol. For this reason of 5 cases treated one was treated with dihydrotachysterol and 4 with calciferol. They included sarcoidosis involving skin, subcutaneous tissues, bone, glands, lungs, central nervous system and eyes. Improvement was noted in all cases, in that treated with dihydrotachysterol as well as those with calciferol. It was considered that the beneficial effect was due to the increase of phosphorus excretion, and the addition of calcium in therapy should not be necessary.

D. E. H. CLEVELAND

Some Clinical Aspects of the Normal Electroencephalogram in Epilepsy. Abbott, J. A. and Schwab, R. S.: *New England J. Med.*, **238:** 457, 1948.

A comparison between epileptic patients showing at least one normal electroencephalogram between seizures with those showing only abnormal tracings demonstrates that the former group has a definitely better prognosis. The onset is later, spells are less varied and less frequent, there is better response to medication, spells occur more frequently during sleep, remissions are more common while off medicine and there is a greater ability to work.

NORMAN S. SKINNER

Spontaneous Pneumothorax. Myerson, R. M.: *New England J. Med.*, **238:** 461, 1948.

One hundred cases of spontaneous pneumothorax were admitted to the Boston City Hospital between 1934 and 1943 (0.027% of total admissions). In 64 underlying pulmonary disease was present while 36 cases occurred in apparently healthy individuals. A history of unusual physical exertion prior to onset was obtained in 20%. In the 64 patients with underlying pulmonary disease 38 had tuberculosis, 5 emphysema, 5 bronchiectasis, 4 postpneumonic empyema, 3 asthma, 3 lung abscess, 2 metastatic carcinoma, 2 pneumonia and there were single cases of bronchogenic carcinoma and pulmonary infarct. Recurrences occurred in three of the apparently healthy group (14.3%). Only one of this group subsequently developed tuberculosis. Spontaneous pneumothorax, in the absence of underyling pulmonary disease, has an excellent prognosis.

NORMAN S. SKINNER

Thoracic Tenderness in Pulmonary Infarction. Godfrey, J.: *New England J. Med.*, **238:** 86, 1948.

The correct diagnosis of pulmonary infarction is important in order to institute prompt treatment (such as venous ligation) to prevent a second, and perhaps fatal, pulmonary embolus. Small infarcts are difficult to diagnose since chest signs are usually absent and x-ray findings late in appearing. Five case reports are presented demonstrating the importance of localized tenderness of the chest wall as an early sign of the presence of a small pulmonary infarct.

NORMAN S. SKINNER

Surgery

New Test in Diagnosis and Surgical Treatment of Varicose Veins. Slevin, J. G.: *Am. J. Surg.*, **75:** 469, 1948.

The treatment of varicose veins by saphenofemoral resection and injection of sclerosing solutions is insufficient. Incompetent communicating veins have not been sufficiently recognized. The multiple tourniquet test is done with three constricting bands above the knee and at least one below the knee. The patient then stands and the tourniquets are removed from below upward. A filling of varices before the highest tourniquet is removed shows the presence of a "blow-out". The location of the communicating vein can be defined by repetitions of the test. There are frequently three or four such "blow-outs" in one extremity. Two hundred cases treated by this method are described. In only 2.5% of the series was the lesser saphenous vein involved. Retrograde injections have been abandoned because of the danger of deep thrombosis and embolism, the necessity of abandoning ambulation frequently, and its frequent failure. The avoiding of putting the patient to bed is stressed.

Cotton is preferred to catgut, silk or nylon because it causes least reaction. Sodium morrhuate is preferred for sclerosis, and soricin is used when the patient is sensitive to morrhuate. Less solution is needed if elastic bandages are used after injections.

BURNS PLEWES

Pulmonary Resection for Abscess of the Lung. Glover, R. P. and Clagett, O. T.: *Surg., Gyn. & Obst.*, **86:** 385, 1948.

In a plea for earlier surgical intervention and the replacement of drainage by resection in the treatment of lung abscess, 37 cases are reviewed. Chronic lung abscess treated by lobectomy shows a much lower mortality rate. If the surgeon sees the acute abscesses early, before complications such as fibrosis, bronchiectasis and atelectasis occur, open drainage may be successful, but occasionally resection for parenchymal scarring will be necessary later.

Resection should be done when symptoms persist due to secondary changes after open drainage, for multiple abscesses, for abscesses with bronchiectasis, etc., where the diagnosis of malignancy is entertained, when excessive bleeding occurs, in children and when abscesses are secondary to unremovable bodies. Though these patients are wasted and in poor condition, conservative resection resulted in a mortality of less than 5%.

BURNS PLEWES

Use of Autogenous Grafts for the Repair of Large Gaps in Peripheral Nerves. Seddon, H. J.: *Brit. J. Surg.*, **35:** 151, 1947.

Closure of gaps in peripheral nerves after resection back to healthy bundles is a standard method of peripheral nerve repair. But gaps longer than 11 cm. in the lateral popliteal or 9 cm. in the case of the median nerve cannot be recovered from in this way, for the postoperative stretching no matter how carefully done, precludes success. In a series of 700 cases the gap was too great in 19.5%. Heterogeneous nerve-grafting has been an unqualified failure. Formol-fixed homografts are unsound and disappointing. Autogenous grafting has been successful in animals.

Fifty-two cases of autogenous nerve-grafting are reported. In 38% recovery was as good as in the best end-to-end suture. In a further 30% the results were encouraging. The best grafts are those taken from the medial cutaneous nerve of the forearm, the sural, the superficial radial and the saphenous. The graft should be 15% longer than the gap, for all shrink, and the diameter should be at least equal to that of the peripheral stump. Inlay grafting is the ideal treatment for partial division of a nerve. Cutaneous grafts, whether single or in the form of a cable, are best attached with concentrated fibrinogen.

BURNS PLEWES

Survey of Some Aspects of Appendicitis. McCullough, J. Y.: *Am. J. Surg.*, **75:** 453, 1948.

If the mortality of appendicitis is to be reduced toward zero, the earliest signs and symptoms of the disease must be appreciated. When the lumen is obstructed, the signs are more acute, but appendicitis may not send the patient to a doctor till general peritonitis has developed. Pelvic perforation is the most easily overlooked and is therefore the most dangerous. A finger in the rectum is more important than a thermometer in the mouth. Pelvic appendicitis is more apt to be complicated by intestinal obstruction.

Treatment is still surgical, but advances have been made. Restoration of fluid and electrolyte balance, correction of hypoproteinæmia by amino-acids, have lessened mortality. Large doses of penicillin for peritonitis due to Gram-negative organisms has halved the mortality on one service. The Miller-Abbott tube has been of great value in paralytic and mechanical ileus.

BURNS PLEWES

Obstetrics and Gynæcology

Intrauterine Rupture of the Umbilical Cord. Bancroft-Livingston, G.: *Brit. M. J.*, **1:** 449, 1948.

Two cases of intrauterine rupture of the umbilical cord are presented. In Case 1 the infant was normal, and rapid delivery after the nature of the accident was realized ensured a live birth. Blood loss was subsequently repaired by transfusion. Case 2 is an example of short cord associated with gross fetal abnormality, the more common finding. Neither of these cases was diagnosed early enough for any alternative line of treatment to be considered. The diagnosis is considered, and the conclusion is reached that the condition is rarely suspected before the cervix has dilated fully and the head has failed to advance. The umbilical cord is unlikely to withsand traction with obstetric forceps, but as illustrated by Case 1, provided the nature of the accident is realized the danger to the fetus can be minimized by rapid delivery. Inversion of the uterus must be a very rare accident, and there are few records of placental avulsion due to short cord. ROSS MITCHELL

Plasma Proteins in Pregnancy. Macarthur, J. L.: *Am. J. Obst. & Gyn.*, **55:** 382, 1948.

The copper sulfate method for measuring the specific gravity of the blood serum or plasma gives satisfactory and clinically accurate estimations of plasma protein concentrations. It is simple, quick and may readily be carried out as an office procedure. Combined hæmatocrit and plasma protein estimations give more information than the plasma proteins alone. The hypoproteinæmia of normal pregnancy is relative to plasma dilution. Over short periods of time, feeding of hydrolyzed protein by mouth or vein produces no elevation of plasma proteins, or improvement in the clinical condition of patients with toxæmia of pregnancy. The hypoproteinæmia of pre-eclampsia and eclampsia is very likely due to failure of albumin synthesis by a damaged liver. The essential amino-acid, methionine, may by its protective action upon the liver, materially aid in the prevention and treatment of toxæmias of pregnancy. Further experience with its use is necessary.

ROSS MITCHELL

A Study of Breech Delivery. Trites, A. E.: *Am. J. Obst. & Gyn.*, **55:** 430, 1948.

Belief is expressed that a more favourable fetal mortality rate than generally quoted is possible, based upon the following considerations. (1) A complete study of the maternal pelvis by clinical and radiologic methods with delivery by Cæsarean section if the pelvis is contracted. (2) A conduct of labour designed to achieve a high incidence of spontaneous delivery of the breech with interference only on definite indication. (3) Constant personal supervision of the second stage of labour

by the attending obstetrician. (4) The utilization of local anæsthesia, wide episiotomy and frequent application of aftercoming head forceps in delivery.

ROSS MITCHELL

Cerebral Hæmorrhage Occurring Early in Pregnancy. Lerer, S.: *J. Obst. & Gyn. Brit. Emp.*, **54:** 659, 1947.

Congenital aneurysm, syphilis vascular disease, blood dyscrasias, particularly hæmophilia and leukæmia, and diabetes are contributory causes of cerebral hæmorrhage of pregnant or non-pregnant women. Irish (1939) in a study of 1,000 postmortem examinations of cases of vascular encephalopathy, found cerebral vascular involvement in young subjects in 40 cases. Embolus appeared in 10 cases, thrombus in 6 cases, and hæmorrhagic lesions were present in 24 patients under twenty years of age. He mentions that spontaneous cerebral hæmorrhage has been found frequently occurring in young people without apparent cause, but careful investigation in some instances has disclosed a small heart and vascular hyperplasia in the cerebral vessels, the so-called "thymic syndrome".

P. J. KEARNS

Histaminolytic Index of Blood During Pregnancy and its Clinical Application. Anrep, G. V., Barsoum, G. S. and Ibrahim, A.: *J. Obst. & Gyn. Brit. Emp.*, **54:** 619, 1947.

The histaminolytic power of the serum, in cases of imminent abortion or miscarriage resulting from trauma or other accidental injury, is considerably reduced as compared with that expected for the given month of pregnancy. The extent of this diminution, in blood samples collected 18 to 36 hours after beginning of the uterine bleeding, ranged between 54 and 100% with an average for 26 cases of 78%. In suspected intrauterine death of the fetus the histaminase reaction is useful as an aid in the prognosis of the outcome of the case. A diminution of the histaminolytic index to about a half or less than that expected for the month of pregnancy indicates such a considerable disturbance of the placental circulation as to render the normal continuation of pregnancy unlikely. Especially unfavourable are those cases in which the power of the serum to inactivate histamine progressively diminishes in the course of a few days or even hours. A diminution of the index by less than 40% of the expected results, especially when it shows a tendency to increase in the course of a few days, is in favour of a good prognosis.

P. J. KEARNS

Icterus in Pregnancy: A Clinico-Pathological Study Including Liver-Biopsy. Nixon, W. C. W., Egeli, E. S., Laqueur, W. and Yahya, O.: *J. Obst. & Gyn. Brit. Emp.*, **54:** 642, 1947.

Cases of icterus in pregnancy have been investigated and the findings of liver-biopsies described. Examination of liver-biopsy material reveals two types of jaundice, the one etiologically related to the state of pregnancy without striking histological changes (jaundice of pregenancy), the other representing the condition of infective hepatitis (concomitant jaundice). In the absence of liver-biopsy, serum-protein estimation is a valuable aid. When in jaundice of short duration an inversion of the albumin/globulin ratio is found, then "jaundice of pregnancy" is to be suspected. Whether infective jaundice will proceed to acute yellow atrophy depends on the nutrition of the mother. P. J. KEARNS

Diagnostic and Therapeutic Aspects of Kymographic Uterotubal Insufflation with Comparative Observations on Hysterosalpingography. Rubin, I. C.: *J. Obst. & Gyn. Brit. Emp.*, **54:** 733, 1947.

We are here to consider the merits of uterotubal insufflation and hysterosalpinography. For the diagnosis of tubal patency and non-patency the former has proved the method of choice. For the diagnosis of intrauterine disease both in sterility and in general gynæcology hysterography *per se* is invaluable. Its only competition is uteroscopy which should perhaps be adopted more generally by gynæcologists. From the therapeutic side uterotubal insufflation aids the sterile woman who has partial tubal obstruction. The results exceed those of hysterosalpinography on the one hand and of surgical plastic procedures on the other. When other therapeutic, physical and hormonological adjuvants are added to uterotubal insufflation the salvage may be appreciably improved. P. J. KEARNS

Incubation Period of Ophthalmia Neonatorum. Sorsby, A.: *J. Obst. & Gyn. Brit. Emp.*, **54:** 842, 1947.

A consecutive series of 290 cases of ophthalmia neonatorum is recorded. Of this total 84.5% occurred within the first 10 days of life; there were rather fewer in the first 5 days of life than in the second. The incubation period varied with the exciting organism. With the gonococcus some 70% were observed in the first 5 days of life, with diphtheroids some 50% and with *S. aureus* some 37% whilst with the virus of inclusion blennorrhœa there were only occasional cases in the first 5 days of life. As to severity, cases of moderate severity predominated in the series as a whole, but the gonococcal infections severe cases were as common; severe cases were infrequent with *S. aureus*. There was nothing to suggest that in an unselected series severe cases are substantially less frequent in the second 5 days of life than in the first.

P. J. KEARNS

Neurology

Guillain-Barré Syndrome. Dempsey, W. S. Karnosh, L. J. and Gardner, W. J.: *Dis. Nerv. System*, **9:** 67, 1948.

The names given this condition have been many, however, inasmuch as the etiology is unknown, the title Guillain-Barré syndrome seems to be an apt one. The syndrome is characterized by polyneuritis often with facial diplegia. It usually presents albumino-cytologic dissociation of the cerebrospinal fluid with favourable prognosis in the majority of cases. The syndrome is seen both as a primary condition and in association with diabetes, syphilis, diphtheria, serum-sickness, fever therapy, pregnancy, exposure to mustard gas and other conditions. The precise nature is obscure both in its primary and associated form. No recognized factors in any case of diphtheria, diabetes, syphilis and the like precede or prognosticate the development of the syndrome.

PRESTON ROBB

Anæsthesia

The Influence of Posture on Mechanics of Respiration and Vital Capacity. Stephen, C. R.: *Anæsthesiology*, **9:** 134, 1948.

This study of the influence of posture on the mechanics of respiration and the vital capacity was conducted on 19 normal adult patients of both sexes, ranging in age from 20 to 62 years, at the Montreal Neurological Institute. By means of a Benedict-Roth basal metabolism machine it was easy to calculate the vital capacity in the various postures adopted. Seven different postures on the operating table were tested as to their effect upon the patient's vital capacity. (1) Supine, with pillow under head and pillow under knees. (2) Trendelenburg, 35°. (3) Reverse Trendelenburg, 35°. (4) Prone, abdominal brake up, without chest supports. (5) Prone, abdominal brake up, with chest supports. (6) Prone, table flat, with chest supports. (7) Upright, with elevation of lower extremities.

It was found that it was in the prone position, when the brake was up and the subject without benefit of chest support, that the most marked decrease in vital capacity was noted. With the exchange of a patient in the normal supine posture taken as 100%, the position

of brake up, prone without chest support, showed an average reduction of vital capacity to 72.9% of the normal. On the other hand it was found that a patient in the sitting or erect position with the knees flexed so that the lower extremities were elevated to approximately the cardiac level, showed the increased vital capacity represented by 101.3% in an average of all the cases as compared with 100% for the supine position. This position was obtained by means of a special table and was devised by Dr. W. V. Cone for certain intracranial and cervical procedures. This approached the highest vital capacity value which was afforded by the reverse Trendelenburg position and represented 107.4% of the normal figure for the supine (100%).

The sitting position caused a tendency for an interference in circulatory efficiency in deeper stages of anæsthesia and associated relaxation. It was in an effort to compensate for this effect of gravity on the circulation that the lower extremities were raised to approximately the cardiac level. Vital capacities in this posture compared favourably with those recorded in the supine position and the flexion of the thighs on the lower part of the abdomen did not interfere mechanically with the downward and forward movement of the diaphragm.

F. ARTHUR H. WILKINSON

Dermatology

The Newer Concept of Allergy to Drugs and Bacteria. Lowell, F. C.: *J. Am. M. Ass.*, **136:** 665, 1948.

Ordinary methods of investigating immunologic problems do not seem to apply to the majority of drugs and bacterial allergens, as circulating antibody appears to be absent, or if present is unrelated to the hypersensitive state. Passive transfer of the contact or tuberculin type of sensitivity cannot be achieved by injecting serum from an allergic animal into a normal one. Injection of a peritoneal exudate rich in leucocytes from a sensitive animal into the abdominal cavity of a normal animal may produce a transient passive sensitization, giving evidence that the sensitizing ability resides in the cell. Allergic reactions may be grouped in 3 main categories according to the rôle of antibody. The usual immunologic techniques demonstrate *in vitro* that in one group the reaction depends upon a thermostabile antibody, and *in vivo* anaphylaxis, the Arthus phenomenon, the immediate type of cutaneous reaction and passive sensitizing capabilities appear. This type of antibody is used for passive and active immunization procedures. Few allergic diseases depend upon this type, and include erythroblastosis fetalis, certain transfusion reactions and serum disease. In a large group dependent upon a thermolabile antibody which has not been demonstrated *in vitro* but in which prolonged passive sensitization is produced, especially in the skin, the reactions of "atopic" subjects are an example, but this antibody is rarely concerned in drug and bacterial allergy. The largest group is characterized by the absence of demonstrable antibody in the circulating blood, and includes most drug and infection allergies. Injection of the allergen may produce the tuberculin type of reaction and it is shown superficially in the patch test. In many instances of drug allergy however no local reaction can be produced and the reaction, usually systemic, appears only when the drug is absorbed into the circulation.

The significance of the rôle of the cell appears in that the great majority of supposedly allergic diseases are associated with damage to or destruction of cells. The conditions under which exposure to a drug or other allergen occurs are also of great significance. Thus allergic reactions to the sulfonamides are most frequent and severe when they have been applied to eczematized areas of skin. In connection with bacterial allergy the question is raised as to the rôle of bacteria or their products in enhancing the development of hypersensitivity to an antigen injected with them. The belief that glomerulonephritis is an allergic reaction to streptococcus, in view of its experimental production in kidney-sensitized animals, may find its true explanation in the assumption that antibodies to kidney have been developed as the result of a streptococcus infection without the necessity of invoking an allergy to streptococcus.

D. E. H. CLEVELAND

Toxicity of α-Benzene Hexachloride in Clothing. Horton, R. G., Karel, L. and Chadwick, L. E.: *Science*, **107:** 246, 1948.

Gamma-benzene hexachloride is a very effective insecticide and miticide and is manufactured under a trade name, gammexane. Clothing impregnated with it withstands repeated launderings better than with any other substance so used. The possibility of its being absorbed through the skin and producing toxic effects has been investigated. Animals which had been close clipped were exposed by wearing impregnated cloth coverings arranged to be worn as garments under conditions which excluded the possibility of the substance entering the body through gastro-intestinal or respiratory routes. The covered area per unit body weight approximated that of a man wearing a suit. Weakness, flaccid paralysis, final periodic convulsions, generally terminating in death, resulted. Unless it can be shown that man is markedly more resistant than the experimental animals used it is probable that this insecticide can be used safely to impregnate clothing only in such low concentrations as to eliminate its usefulness for the purpose for which it was intended. D. E. H. CLEVELAND

Industrial Medicine

Health Examinations of Industrial Executives — A Panel Discussion. Reported by DeJongh, E.: *Indust. Med.*, **17:** 70, 1948.

This article is a report of a panel discussion which took place at the General Motors Corporation Medical Conference on November 14, 1947, when representatives of eight different clinics met to consider the statistical findings furnished by their diagnostic health examination program for executive employees. A statistical analysis of these prepared by one of the medical consultants formed the basis for the discussion. This did not violate the confidential nature of the program as diagnoses only were given and could not be identified with any person examined. The different discussants drew attention to various observations made at the clinic which they represented. At one it had been noted that 35% of cases analyzed had emotional strain at work and 14% emotional strain or tension at home. Certain individuals are under strain no matter what their jobs is. Obesity was a very important ailment of the age group undergoing these examinations. Associated with this in many cases was cardiovascular disease; at one clinic 25% of the executives examined showed cardiovascular disease.

The question of the history and the examination itself came under review. In this, considerable difference of opinion was presented. In general it was felt that the history might be of the "dragnet" type; *i.e.*, one in which all the questions might be asked regardless of whether or not the answer to some questions eliminated others. The examination however, should be on an individual basis, not a "dragnet" type, except in those cases where any specific abnormality is uncovered. When this occurs all the diagnostic facilities available should be used. It was pointed out by one discussant that the trend of the times in medicine was individualized attention divided toward functional evaluation of the patient as a whole rather than a conglomeration of organs that may not be working well. It was suggested by another that those individuals labouring under anxiety and fatigue who need personalized attention and continuing support throughout the year be turned over to their personal physician.

MARGARET H. WILTON

The Present Status of Industrial Medicine. Sappington, C. O.: *J. Am. M. Ass.*, **135:** 811, 1947.

Although American industry has made great progress, until today it occupies the top position among the nations in production and production methods, American industrial medicine has not achieved the same recognition and has no real place among other medical specialties. In this article the author gives a brief considerations of the present status of industrial medicine and calls attention to certain factors in the past which have led to its position. The critical attitude of other specialists and practitioners in general, together with the fact that in many instances industrial medicine has not been well understood, has retarded its growth. The remuneration offered to physicians in industry has been and is still, in many instances, insufficient to attract good men. Many of the leaders in industrial medicine have been motivated by idealism, not by money. Other factors retarding its maturity as a specialty, have been the slow recognition on the part of legislators of the importance of preventive principles, and the slow recognition on the part of medical schools, of the importance of providing undergraduate and postgraduate courses in industrial medicine.

It is the author's opinion that industrial medicine today needs an industrial relations survey within its own ranks, a good public relations program to inform industry continuously as to the nature and extent of health services which should be provided, and a psychosomatic diagnosis within its own domain, followed by appropriate advice and treatment. He feels that certain recent trends give promise of the significant rôle of industrial medicine in the future.

MARGARET H. WILTON

OBITUARIES

Dr. William A. Atkinson, of Edmonton, died recently in Florida. Born at Guthrie, Ont., he attended collegiate and model school at Barrie. After teaching for several years, he entered Toronto Medical College, from which he graduated in 1904.

Dr. J. F. V. Chester, aged 50, of Toronto, died of a heart attack May 16, at Hunstville, Ont. Dr. Chester had practised medicine in Toronto the past 23 years. Born in Port Sydney, he attended Jarvis Collegiate Institute. He graduated in medicine from the University of Toronto. During the first great war, he served as surgeon in the Royal Navy in the Mediterranean. He was attached to the staffs of St. Michael's and Toronto East General Hospitals. He was a member of Kingston Road United Church.

He is survived by his widow, two daughters, a brother and sister.

Dr. Vincent P. Doucet died at his home in Moncton, N.B., on May 13. He was 46 years of age.

Born in Richibucto in 1902, he received his early education there and later entered St. Joheph's University, graduating in 1922 with a Bachelor of Arts degree. He then entered the medical school of Laval University, Quebec City, and graduated in 1927 with an M.D. He practised in Richibucto for a year and then went abroad for postgraduate study in Paris, Vienna, Germany and New York. He opened a practice in Moncton in 1931 and had resided in the city ever since. He was a member of L'Assomption Society and of the Moncton Curlers Association. He was widely known and esteemed by a wide circle of friends who will mourn his death. Surviving are his widow, two daughters, one son, three sisters and one brother.

Dr. William Rathburn Sutherland Groves died suddenly in Vancouver on May 6. He is survived by his widow.

Dr. E. A. E. Howard died on June 1 at the Toronto General Hospital. He was born at Hagersville, Ont. He was a graduate in medicine from the University of Toronto in 1906. He was a member of the Granite Club and various medical associations. Dr. Howard is survived by two sisters.

Dr. Armand Landry, aged 39, was drowned on May 12 in the Red River near St. Adolphe where he had been practising. The recent floods along the river with the need for inoculating the residents against typhoid had thrown a heavy strain on him. He received his B.A. degree in 1928 as a student in St. Boniface College, and in 1934 his M.D. degree from Laval University. He is survived by his mother and two sisters.

Dr. R. H. McCutcheon died on April 25 in Vancouver. He was 67. Surviving are three sons, two grandsons, a brother, and a sister.

Dr. Simon Joseph McNally, of Campbell's Bay, Que., died at his home there on May 8 at the age of 82. He was born on Calumet Island and had practised medicine in Campbell's Bay and district since 1895. He graduated in medicine from Laval University in 1893. For many years he was president of the Pontiac Conservative Association and although never elected had stood as candidate on three different occasions. In municipal politics he served more than 25 years as mayor or councillor and also served more than a quarter century on the school board. He is survived by his widow, one brother and several nieces and nephews.

Dr. Thomas R. Ponton died at Redlands, California, on April 2. He was in his 74th year. He was born in Manitoba and was graduated from the University of Manitoba, practising for some years at Portage la Prairie. During World War I, he served in the C.A.M.C. in England and in France. On his return he became first assistant to Dr. Malcolm MacEachern at the Vancouver General Hospital, replacing Dr. MacEachern's former assistant who had died during the influenza epidemic. Later he served with the American College of Surgeons. He did a great deal of consulting work both on this continent and in South America and, on many occasions, took over the administration of weak hospitals and built them up. Dr. Ponton was always deeply interested in nomenclature and developed the alphabetical nomenclature, frequently known as the Ponton system, and which was later replaced by the Standard Nomenclature of Diseases and Operations. In 1939 he published the well-known book *Medical Staff in the Hospital.* In later years, he was editor of *Hospital Management* and at the time of his death was carrying out his portion of the responsibility of publishing that magazine from his ranch home at Yucaipa in California.

Dr. J. S. Rivers, aged 79, died in Vancouver on April 21 following a lengthy illness. Born in Sarnia, Ont., he was a graduate of the University of Toronto medical college in 1896. He practised medicine in Ontario until 1902 when he came west and started a practice in Raymond, Alberta. He also was a member of the Masonic Order and of the I.O.O.F. Besides his widow, he leaves two sons.

Dr. Jordan W. Smith, a native of Selma, Hants County, died in Liverpool, N.S. on May 6 in his 84th year after a brief illness. He was well-known throughout the province, both as an outstanding physician and as a member of the Nova Scotia Legislature.

Previous to his medical career, Dr. Smith was a school teacher. He graduated from the College of Physicians and Surgeons at Baltimore, Md. in 1891 and from the New York Post Graduate School and Hospital in 1906, later practising in Baltimore before returning to his native province.

He is survived by one daughter and four sons.